PATENT APPLICATION FEE DETERMINATION RECORD

10658281

Application or Docket Number

Effective January 1, 2003

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			2				1	RATE	FEE	ſ	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			2 minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2- minus 3 =		0			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	1	TOTAL		OR	TOTAL	750
10 5 04 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		i e		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 0	Minus	##	12	=		X\$ 9=		OR	X\$18=	
	Independent	2	Minus	***	<u>2</u>	=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total _	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> -</u>	1	X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		J	+140=		OR	+280=	
[TOTAL		OR	TOTAL ADDIT. FEE	
ADDIT. FEE												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST MBER NOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T 01 A11	<u> -</u>	4	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
**	If the "Highest Nu	imber Previously F imber Previously F mber Previously Pa	aid For IN TH	IS SPACE	is less th	an 3, enter "3."			<u> </u>		ADDIT. FEE	L